

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">403312</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52						
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44		/					94						
45		/					95						
46		/					96						
47	/						97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.	18						TOTAL IND.						
TOTAL DEP.	33						TOTAL DEP.						
TOTAL CLAIMS	51						TOTAL CLAIMS						